

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 2ND AMENDMENT		AFTER 3RD AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9	1					
10		1				
11	2					
12	2					
13	2					
14	2					
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45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.						
TOTAL CLAIMS	6	33	33	33	33	33

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS